



Illinois Department of Revenue
2006 Form IL-1040
Individual Income Tax Return

or for fiscal year ending ___/___/07

Do not write above this line.

Step 1: Personal Information

A Your Social Security numbers in the order they appear on your federal return

____-____-____

Your Social Security number

____-____-____

Your spouse's Social Security number

B Print your personal information below

Your first name and initial

Your last name

Your spouse's first name and initial

Your spouse's last name (if different)

Mailing address

City

State

ZIP

C Filing status (see instructions)

☐ Single or head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

Step 2: Income

- 1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4 **1** _____
- 2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ **2** _____
- 3 Other additions to your income. **Attach** Schedule M. **3** _____
- 4 Add Lines 1 through 3. This is your total income. **4** _____

Step 3: Base Income

- 5 Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. **Attach** federal page 1. **5** _____
- 6 Military pay earned if included in Step 2, Line 1. **Attach** military W-2. **6** _____
- 7 Illinois Income Tax overpayment included in U.S. 1040, Line 10 **7** _____
- 8 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1 **8** _____
- 9 Other subtractions to your income. **Attach** Schedule M. **9** _____
- Check if Line 9 includes any amount from Schedule 1299-C ☐
- 10 Add Lines 5 through 9. This is the total of your subtractions. **10** _____
- 11 Subtract Line 10 from Line 4. This is your Illinois **base income**. **11** _____

Step 4: Exemptions

- 12 **a** Number of exemptions from your federal return ☒ \$2,000 **a** _____
- b** If someone else claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. ☒ \$2,000 **b** _____
- c** Check if 65 or older: ☐ You + ☐ Spouse = ☒ \$1,000 **c** _____
- d** Check if legally blind: ☐ You + ☐ Spouse = ☒ \$1,000 **d** _____
- Add Lines a through d. This is your total Illinois exemption allowance. **12** _____

Step 5: Net Income

- 13 **Residents only:** Subtract Line 12 from Line 11. This is your net income. *Skip Line 14.* **13** _____
- 14 **Nonresidents and part-year residents only:**
Check the box that applies to you during 2006 ☐ Nonresident ☐ Part-year resident, and write the Illinois base income from Schedule NR. **Attach** Schedule NR. **14** _____

Step 6: Tax

- 15 **Residents:** Multiply Line 13 by 3% (.03). Write the result here. This is your **tax**.
Nonresidents and part-year residents: Write the tax from Schedule NR.
This amount may not be less than zero. **15** _____

16 Tax amount from Page 1, Step 6, Line 15

16 _____

Step 7: Payments and Credits17 Illinois Income Tax withheld. **Attach** W-2 and 1099 forms.

17 _____

18 Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from 2005 return

18 _____

19 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR and other states' returns.

19 _____

20 Illinois Property Tax credit. **Complete PT Worksheet in instructions.**

PT Worksheet Line 3 amount

20a _____

PT Worksheet Line 8 amount

20b _____

21 K-12 education expense credit. **Complete ED Worksheet in instructions or Schedule ED. Attach** receipt or Schedule ED.

ED Worksheet or Schedule ED Line 1 amount

21a _____

ED Worksheet or Schedule ED Line 10 amount

21b _____

22 Earned Income Credit. **Complete EIC Worksheet in instructions.**

EIC Worksheet Line 1 amount

22a _____

EIC credit amount from the EIC Worksheet

22b _____

Check if you have a qualifying child (living with you) born after 12/31/88.

☐23 Income tax credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. 23

24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits. 24

Step 8: Overpayment or Tax Due25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your **overpayment**. 25

26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your **tax due**. 26

Step 9: Penalty

27 Late-payment penalty for underpayment of estimated tax

27 _____

a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. **Attach** Form IL-2210.☐

b Check if at least two-thirds of your federal gross income is from farming.

☐**Step 10: Donations** Any donation will reduce your refund or increase the amount you owe

28 Amount you wish to donate to one or more of the following voluntary contribution funds:

Wildlife a _____ Multiple Sclerosis f _____ Pet Population k _____

Child Abuse b _____ Military Family g _____ Energy Assistance l _____

Alzheimer's c _____ Lou Gehrig's h _____ Heartsaver AED m _____

Homeless d _____ IL Veterans' Home i _____

Breast Cancer e _____ Diabetes j _____

Add Lines a through m. This is your donations total.

28 _____

29 Add Line 27 and Line 28. This is your total penalty and donations.

29 _____

Step 11: Refund or Amount You Owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.

30 _____

31 Amount from Line 30 that you want applied to 2007 estimated tax

31 _____

32 Subtract Line 31 from Line 30. This is your **refund**.

32 _____

33 Complete to direct deposit your refund

Routing number _____ ☐ Checking or ☐ Savings

Account number _____

34 If you have tax due on Line 26, add Lines 26 and 29. **or**If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the **amount you owe**.

34 _____

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Your signature

Date

Daytime phone number

Your spouse's signature

Date

Paid preparer's signature

Date

Preparer's phone number

Preparer's FEIN, SSN, or PTIN



If no payment enclosed, mail to:

ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001

If payment enclosed, mail to:

ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001